

**PROCESS RECEIPT AND RETURN**

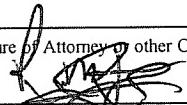
**U.S. Department of Justice  
United States Marshals Service**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

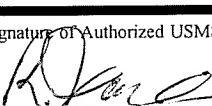
PLAINTIFF United States of America	COURT CASE NUMBER CV 07-6162 BZ
DEFENDANT Vessel appurtenances, in rem	TYPE OF PROCESS Arrest Warrant, Complaint, etc.
<b>SERVE</b> <input type="checkbox"/> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  Henry Ryan, Substitute Custodian, c/o U.S. Maritime Administration, (415) 744-2577	
<b>AT</b> <input type="checkbox"/> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 201 Mission Street, Suite 1800, San Francisco, CA 94105	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
Jeanne M. Franken, Trial Attorney USDOJ/Torts Branch/Civil Division 450 Golden Gate Avenue, Room 7-5395 P.O. Box 36028 San Francisco, CA 94102	
<input type="checkbox"/> Number of process to be served with this Form - 285  <input type="checkbox"/> Number of parties to be served in this case  <input type="checkbox"/> Check for service on U.S.A.	
1  1 party at 2 locations  1	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service:*)  
**Fold**

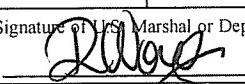
Arrest defendant appurtenances, in rem, at the Marad offices in San Francisco. Please contact Henry Ryan, the Substitute Custodian, at (415) 744-2577, to arrange the arrest and turnover at each location.

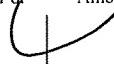
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 436-6644	DATE 03/17/08
---	---	------------------------------------	------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 3/17/08
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address ( <i>complete only if different than shown above</i> )	Date of Service 03/18/08	Time 10:00 am <input checked="" type="checkbox"/> <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 		

Service Fee  45	Total Mileage Charges (including endeavors)	Forwarding Fee	Total charges	Advance Deposits	Amount owed to U.S. Marshal or Deputy  1	Amount or Refund
--	--	----------------	---------------	------------------	---	------------------

REMARKS: